U.S. Department of Labor Office of Labor-Management tandards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or cvd penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only	
	S R. CU	
	(NA-512-	
Ε	Quantity !	

1. File Number U - 926 Z

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THUS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2005 Through: 12 / 31 / 2005

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as opedified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively sooking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Signature 16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable conclines of the law, that all of the information submitted in this report (including the information conclinic d in any accompanying documents), has been ext mined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct; and complete. (See the section on penalties in the instructions.) Signed On 3/21/2006 414-327-5202	3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
P.O. Box, Bidg., Room No., if any Street 5954 likey 2C City Dousman State Wildering and Room Number, if any Street 3303 S. 103rd Street City Milwaukee State Wildering and Room Number, if any Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loane) with, or derived income or other economic benefit of monetary value from an employer whose err players your organization represents or is actively socking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street Signature 15. Signature and verification. The undersignal dadarcs, under penelty of Perjury and other applicable panciles of the law, that all of the information submitted in this report (including the information continced in any accompanying documents), has been ear mined by the signatory and is, to the best of the undersigned's knowledge and belief, true, cornect, and complete. (See the section on penalties in the instructions.)	Name Samuel Purdy	Name IBEW Local Union 494			
Street 3303 S. 103rd Street City Milwaukee State Wisconsin ZIP Code + 4 53118-9597 State Wisconsin ZIP Code + 4 53227-4108 5. Position in labor organization. Business Representative Enter appropriate data below if, during the past flasal year, you or your apouse or minor child directly or indirectly had any of the following interests (except as appecified in the exclusions set forth in the instructions): A. Held an interest in, orgaged in transactions (including loans) with, or derived income or other exclusions benefit of monetary value from an employer whose employees your organization represents or is actively socking to represent. 6. Name and address of Employer (including trade name), if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Signature 15. Signature and verification. The undersignal cadaros, under penalty of Perjury and other applicable panalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been ext mined by the signatory and is, to the best of the undersigned's knowledge and ballef, true, correct, and complete. (See the section on penalties in the instructions.)		Labor Organization Fils Number 040-471			
City Milwaukee State Wisconsin ZIP Code + 4 53118-9597 State Wisconsin ZIP Code + 4 53227-4108 5. Position in labor organization. Business Representative Enter appropriate data below if, during the past floasilyast, you or your apouse or minor child directly or indirectly had any of the following interests (except as apposfied in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other according to benefit of monetary value from an employer whose err ployaces your organization represents or is actively society for present. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature 16. Signature and verification. The undersignal declaros, under penalty of Perjury and other applicable panalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been extrained by the signatory and is, to the best of the undersigned's knowledge and baller, true, correct, and complete. (See the section on penalties in the instructions.)	P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any			
State Wisconsin ZIP Code + 4 53118-9597 State Wisconsin ZIP Code + 4 53227-4108 5. Position in labor organization. Business Representative Enter appropriate data below if, during the past fissel year, you or your spouse or minor child directly or indirectly had any of the following interests (creeq; as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including leans) with, or derived income or other economic benefit of monetary value from an employer whose erriployees your organization represents or is activaly socking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street Signature 15. Signature and verification. The undersignal Cadaros, under penalty of Perjury and other applicable poncities of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been extrained by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On 3/21/2006 414-327-5202	Street 5954 Hwy 2C	Street 3303 S. 103rd Street			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (erecpt as openfied in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively socking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZiP Codo + 4 Signature 15. Signature and verification. The undersigned decidance, under penelty of Perjury and other applicable possible possibles of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been ext mined by the signatory and is, to the best of the undersigned's knowledge and belief, true correct, and complete. (See the section on penalties in the instructions.) Signed On 3/21/2006 414-327-5202	City Dousman	City Milwaukee			
Enter appropriate data below if, during the par fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively socking to represent. 8. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street Signature 16. Signature and verification. The undersign of declares, under penalty of Perjury and other applicable ponchies of the law, that all of the information submitted in this report (including the information concluded in any accompanying documents), has been excent held by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct; and complete. (See the section on penalties in the instructions.) Signed On 3/21/2006 414-327-5202	State Wisconsin ZIP Codc + 4 53118-9597	State Wisconsin ZPCode + 4 53227-4108			
(er dept as upportfied in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monotary value from an employer whose err ployees your organization represents or is actively socking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any 7.b. Amount. Street City State ZIP Codo + 4 Signature 16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable poncities of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been extrained by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	5. Position in labor organization. Business Representative				
7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Street City State ZIP Codo + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable ponolities of the law, that all of the information submitted in this report (including the information conclained in any accompanying documents), has been extrained by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct; and complete. (See the section on penalties in the instructions.)	(er cept as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of				
Trade Name, if any: P.O. Box, Bidg., Room No., if any 7.b. Amount. Street City State ZIP Codo + 4 Signature 15. Signature and verification. The undersigned Sectaros, under penalty of Perjury and other applicable panalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been extrained by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On 3/21/2006 414-327-5202					
P.O. Box, Bidg., Room No., if any 7.b. Amount. Street City State ZIP Codo + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable poncities of the law, that all of the information submitted in this report (including the information conditions of in any accompanying documents), has been extrained by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On 3/21/2006 414-327-5202	Name				
7.b. Amount. Street City State ZIP Code + 4 Signature 15. Signature and verification. The undersigned desclares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been ext mined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On 3/21/2006 414-327-5202	Trade Name, if any:				
State Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable concilies of the law, that all of the information submitted in this report (including the information condition in any accompanying documents), has been excrained by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On 3/21/2006 414-327-5202	P.O. Box, Bldg., Room No., if any				
Signature 15. Signature and verification. The undersigned declaros, under penalty of Perjury and other applicable concilies of the law, that all of the information submitted in this report (including the information concilined in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On 3/21/2006 414-327-5202	Street	7.b. Amount.			
Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable concilies of the law, that all of the information submitted in this report (including the information concilined in any accompanying documents), has been excrimed by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On 3/21/2006 414-327-5202	City				
15. Signature and verification. The undersigned declaros, under penalty of Perjury and other applicable concities of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been excrained by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On 3/21/2006 414-327-5202	State ZIP Codo + 4				
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On 3/21/2006 414-327-5202	Signature				
	submitted in this report (including the information con∷ained in any accompanying documents), has been ext mined by the signatory and is, to the best of the				
	Signed An well with				
Date Telephone Number	, -)	Date Telephone Number			

Name of Person Filing Samuel Purdy	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Robert W. Baird & Co. Inc.		
Trade Name, if any:	a. Labor Organization X b. Trust	
P.O. Box, Bldg., Room No., if any		
Street 777 East Wisconsin Avenue	c. Employer	
City Milwaukee		
State Wisconsin ZIP Code + 4 53202-5391		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name E.C.I. Pension Plan	Investment Manager	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any P.O. Box 14277		
Street 115 South 84th Street, Suite 110	11.b. Approximate dollar value of such dealing. \$76,013	
City Milwaukee	12.a. Nature of interest hald or income received.	
State Wisconsin ZIP Code + 4 53214-1473	Conference Logistics, Food, Lodging and Activities	
	12.b. Amount. \$710	
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

7

Street

City

State